

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-30-03.

### **I. DISPUTE**

Whether there should be reimbursement for CPT Code 97139SS and 97124.

### **II. FINDINGS**

The respondent denied reimbursement based upon “D – Duplicate bill; M – No MAR; and S – Supplemental payment.”

### **III. RATIONALE**

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
10-23-02 10-24-02 10-28-02 11-1-02	97139SS	\$35.00	\$24.75	M, S, D	DOP	Section 413.011(b)	Requestor did not support position that amount billed complied with Section 413.011(b); therefore, additional reimbursement is not due.

### **IV. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT codes 97139SS.

The above Findings and Decision are hereby issued this 19th day of February 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division